

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. 278

1. PLACE OF BIRTH

County Gila. State _____
District or Township _____ or Village _____
City Globe, No. 420 S. High, St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Ann Cox.
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>11</u> <u>3</u> <u>1925</u> Month Day Year
----------------------------------	------------------------------------------------------	------------------------------------------------------------------	------------------------------	-------------------------------------------------------------------

8. **FATHER**
Full name Harrison Leonard Cox.

9. Residence
(Usual place of abode) Globe,
If non-resident, give place and state.

10. Color or race
White

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Fresno,
(State or country) Cal.

13. Occupation
Nature of industry Auto Machinic.

14. **MOTHER**
Full maiden name Louis C. Kerr,

15. Residence
(Usual place of abode) Globe,
If non-resident, give place and state.

16. Color or race
White

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Springfield,
(State or country) Mo.

19. Occupation
Nature of industry Housewife.

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:50 A.M. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed Nov 30 1925 N. W. Hunt
Registrar

937-1103-329